

Community Policy and Environmental Change Program



 Chronic Disease Control
Missouri Department of Health & Senior Services

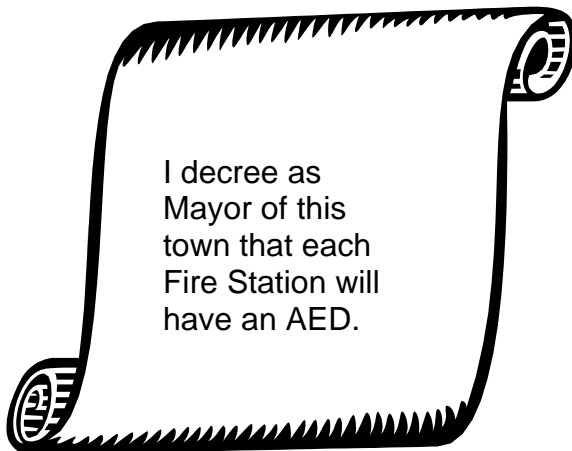
1-800-316-0935

What are policy and environmental changes?

Policy and environmental changes enable communities to support healthy behaviors. “It is unreasonable to expect large proportions of the population to make individual behavior changes that are discouraged by the environment and existing social norms” (Schmid, Pratt and Howze, 1995). It does little good, for example, to encourage people to take a walk outside if their neighborhoods are unsafe or unpleasant, or to promote CPR and Automatic External Defibrillators (AED) if public access defibrillation programs (PAD) do not exist in the community. Community policies and environments should not discourage healthy behaviors and practices, but rather promote and support healthy behaviors and practices.

Examples of Community Policy and Environmental Changes

- Establish a PAD Program
- Offer and identify healthy meal options at local restaurants.
- Create a policy that city and county employees must maintain current CPR certification.
- Hold an annual city health day to promote the recognition of heart attack, stroke, and diabetes as well as provide health screenings.
- Establish a community garden.
- Improve safety at a local park.
- Create a diabetes support group.
- Establish a walking club.



Policy Change



Environmental Change

Why focus on heart disease and stroke?

Heart disease is Missouri's leading cause of death. It is the number one killer of both men and women among all racial and ethnic groups. Missouri ranks second in the nation for deaths attributed to heart disease. Stroke is the third leading cause of death in Missouri and the United States. Missouri ranks 18th in the nation for deaths attributed to stroke.

- Heart disease cost Missouri over \$3 billion in hospitalization expenditures in the year 2000 alone.
- In 2001, 59.4% of Missouri's population was overweight or obese.
- Stroke accounted for 6.9% of Missouri's deaths in 2001.
- Stroke is the leading cause for long-term disability.
- Hypertension (high blood pressure) is the leading risk factor for stroke.
- Diabetes, high blood pressure, high cholesterol, poor nutrition, physical inactivity, obesity, and smoking are risk factors for heart disease and stroke that can be modified (changed).
- Encouraging physical activity and healthy eating, as well as creating environments and establishing policies which support these behaviors, are critical to reducing the burden of a number of chronic diseases, including cardiovascular disease and diabetes.

Why focus on diabetes?

Diabetes is disabling, deadly, and on the rise. The cost of diabetes in Missouri is staggering. In 2002, the estimated direct cost (medical care) of diabetes was approximately \$940 million and the indirect cost (lost productivity and premature mortality) was approximately \$1.15 billion. Diabetes is the seventh leading cause of death in Missouri.

- In 2002, an estimated 1 in 15 adults in Missouri self-reported physician-diagnosed diabetes.
- Approximately one-third of all people with diabetes have not yet been diagnosed by a physician.
- High blood glucose, high blood pressure, obesity, physical inactivity, and poor nutrition are risk factors for developing diabetes that can be modified (changed).
- Uncontrolled diabetes can lead to a number of serious complications including heart disease, high blood pressure, stroke, kidney failure, blindness, and amputations.
- Heart disease is the most common and most serious complication of diabetes.

The Process

Identifying the Policy/Environmental Barrier

1. Community Policy and Environmental Inventory

This quick survey needs to be administered to residents of your target community. The coalition/workgroup needs to determine the most effective way to get the best response rate in your target community. The more feedback you have from the community, the more assured you can be that the changes you are making will have the desired effect. You can stand at the Wal-Mart and hand out surveys (making sure to verify that those you are surveying live in your target area) if you think this is the most effective way to reach people; you can mail out the surveys with a stamped return envelope; you can call people and conduct the survey over the phone; you can partner with a local newspaper to post the survey in the paper and have community members mail it in--it's up to you; you can conduct the survey at a senior center or local church. You should have at least 25% of adult community members (≥ 18 yrs) participating in the survey, however, feel free to interview younger community members, as their feedback is also valuable.

2. Inventory Summary

Once you have administered and collected the surveys, tabulate and record all pertinent data on the Inventory Summary. This should help you begin to see what types of policy and environmental barriers exist in the community and what type of changes the community wants.

3. Strategies

After determining the top policy/environmental barriers and the priorities for change from the community's perspective, review the Strategies worksheet to get an idea of possible methods to address these barriers. While reviewing the strategies, keep in mind what is reasonable and feasible to change in your community, and what changes are likely to cause the greatest impact on recognizing and responding to heart disease, stroke, diabetes, physical inactivity, and unhealthy eating. Within the workgroup, discuss and come to consensus on which barrier should be the focus.

The Process Continued

Addressing the Policy/Environmental Barrier

4. The Plan

Explain why you finally decided on the policy and environmental barrier that you chose. Briefly detail the plan you would like to implement to change this barrier. Utilize one or more of the following strategies: 1) Providing information and enhancing skills. 2) Modifying barriers and opportunities for health. 3) Providing services/supports that are new and initiated by the coalition/community group. 4) Changing policies and regulations. Remember to use partners in your community whenever possible to extend your resources.

5. Objectives/Evaluation

In order to show that the changes you make have an impact, it's necessary to develop objectives and determine a means to measure them. Objectives should be specific, measurable, achievable, realistic, and time phased (SMART). Follow the guidelines and samples provided.

6. Feedback

It is important for us to understand how we can make this process more user-friendly, so please take the time to fill out and fax back the Feedback form.

COMMUNITY POLICY AND ENVIRONMENTAL INVENTORY

Demographics

Sex/gender: ☐ Male ☐ Female

Age: ☐ under 18 ☐ 18-34 ☐ 35-64 ☐ 65+

Race/ethnicity: (check all that apply) ☐ African American ☐ American Indian/Alaska Native

☐ Asian/Pacific Islander ☐ Hispanic/Latino/a ☐ White/Caucasian ☐ Other: _____

Do you have a current CPR certification? ☐ Yes ☐ No ☐ Don't Know

Have you ever been told that you have: (check all that apply)

☐ High Blood Pressure

☐ High Cholesterol

☐ Diabetes

☐ Pre-Diabetes

☐ Asthma

☐ Arthritis

☐ Other (specify): _____

Have you or your mother, father, grandparents, brother, sister, or child experienced any of the following events, conditions or procedures? (check all that apply)

☐ Heart Attack

☐ Angioplasty/heart cath lab

☐ Angina

☐ By-pass surgery

☐ Stent procedure

☐ TIA (mini-stroke)

☐ Stroke

☐ Asthma attack

☐ Diabetes

☐ Pre-Diabetes

☐ Arthritis flare-up

☐ Don't know



Out of all the following questions that you answered “no”, please circle the number of the ONE you would MOST like to see addressed in the community. Please circle only one.

Heart Disease, Stroke and Diabetes Awareness

Yes No Unsure

1. Do MOST businesses or public buildings in the community have easily accessible AEDs*?

☐ ☐ ☐

2. Do you have access to public trainings on the signs and symptoms of stroke?

☐ ☐ ☐

3. Do you have access to public trainings on the signs and symptoms of heart attack?

☐ ☐ ☐

4. Do you have 911 access in your community?



☐ ☐ ☐

5. Does your community have affordable, convenient CPR courses for all age groups?

☐ ☐ ☐

6. Do you have access to a public blood pressure machine for self-monitoring of your blood pressure?

☐ ☐ ☐

7. Do you have access to an American Diabetes Association (ADA) recognized diabetes education program?

☐ ☐ ☐

8. Is there one or more Certified Diabetes Educators in your community?

☐ ☐ ☐

9. Is there one or more Registered Dietitians in your community?

☐ ☐ ☐

10. Are there stores in your community where you can easily buy diabetes supplies?

☐ ☐ ☐

11. Does your community have affordable, convenient educational opportunities for:

☐ Cholesterol control

☐ Blood Pressure control

☐ Blood Sugar control

☐ Oral Health

☐ Wellness

☐ Stop smoking

☐ Diabetes self-management

☐ Weight control or healthy eating

12. Does your community have affordable, convenient opportunities for:

☐ Cholesterol check

☐ High Blood Pressure test

☐ Blood Sugar test

☐ Diabetes foot exam

☐ Pneumonia/flu immunization

☐ Dental Exam

☐ Retinal Eye Exam

☐ Stop smoking program

☐ Fitness assessment

☐ Health risk appraisal

*AED= Automatic External Defibrillator. AEDs save lives. An AED is a machine that shocks the heart to get it beating again. Anybody can use it.

13. Are there support groups in your community for:

☐ Stroke
☐ Asthma

☐ Heart Disease
☐ Arthritis

☐ Diabetes
☐ Physical Activity



Physical Activity and Nutrition in Your Community**

Yes No Unsure

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 14. Thinking about traffic, is it safe to walk, run or bike in your community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Thinking about criminal activity, is it safe to walk, run or bike in your community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is it pleasant to walk, run or bike in your community (enough trees, no graffiti, no abandoned buildings, proper lighting, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are there sidewalks in most areas of your community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17a. If YES , are the sidewalks well-maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are there any walking or biking trails in your community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18a. If YES , are the trails a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are there any parks in the community where you can walk, run or bike? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19a. If YES , are the parks a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are there walking clubs in your community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have access to <i>public</i> outdoor exercise facilities (e.g., tracks, tennis courts, swimming pools)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21a. If YES , are these facilities a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you have access to <i>public</i> indoor facilities such as school gyms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22a. If YES , are these facilities a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are fresh fruits and vegetables readily available in the community year-round? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23a. If YES , are fruits and vegetables affordable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do most sit-down restaurants in the community offer and/or identify healthy choices on their menus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Community can also include churches, worksites, schools and their resources

If you would like, please identify where or who you would like to address the concern you circled. For example, local community or government group, at church, at worksite, at school, etc.

This program/project was supported by the Missouri Department of Health and Senior Services and the CDC Diabetes and Heart Disease and Stroke Grants #s U32/CCU722693-01 and U50/CCU721332.



The Missouri Heart Disease and Stroke (MHDS) Program focuses on health promotion, primary and secondary prevention of heart disease and stroke in regard to the following risk factors:

- ♦ High Cholesterol
- ♦ Diabetes
- ♦ Physical Inactivity
- ♦ Tobacco Use
- ♦ High Blood Pressure
- ♦ Obesity
- ♦ Poor Eating Habits

The Missouri Diabetes Prevention and Control Program focuses on primary prevention of diabetes among high-risk groups and secondary prevention of diabetes complications. Community, health system and communication approaches are utilized to

- Increase recommended A1C testing
- Increase annual eye exams
- Increase annual foot exams
- Increase annual flu and recommended pneumococcal immunization and
- Link with new or existing programs to promote wellness and physical activity for those with diabetes or at risk for developing diabetes.

The University Outreach and Extension improves Missourians' lives by addressing their highest priorities through the application of research-based knowledge and resources. UOE links people with local, state, and federal educational resources in order to address important issues of wide public concern, including those of underserved audiences.

The Community Health Assistance Resource Team (CHART), developed in 1994, is a framework for community health improvement that provides technical assistance and workshops for communities striving to build skills in areas such as identifying local resources and needs, determine local risk factors, identify intervention models, develop community-based strategic plans, and sustain initiatives, leading to improved health outcomes. CHART provides technical assistance and training to local public health agencies, community individuals and groups, other state agencies, and other DHSS units to increase their capacity and ability to sustain initiatives as they work to improve community health.

For more information, please contact:

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Inventory Summary

Demographics

Target Community/City:				
Survey Method:				
Date of Survey:				
Demographics				
Population of Target Area:	# Surveyed (18+yrs): ^A	# Surveyed \geq (18 yrs) ^B		
Total # Surveyed:	% Surveyed (A/B):			
# Whites	# African Americans	# Asian/Pacific Islander		
# Hispanic/Latino	# Others	# American Indian/Alaska Native		
% Whites	% African Americans	% Asian/Pacific Islander		
% Hispanic/Latino	% Others	% American Indian/Alaska Native		
<i>Breakdown of those surveyed by sex/age:</i>		<18	18-34	35-64
Male				
Female				
# Current CPR (Yes)	# Current CPR (No)	# Current CPR – (Don't Know)		
Fill in the # below for the question - Have you ever been told by an health professional that you have any of the following:				
High Blood Pressure	Arthritis	Pre - Diabetes	Other – (Specify)	
High Cholesterol	Diabetes	Don't Know		
Fill in the # below for the question – Have you or a close blood relative (mother, father, grandparent, brother, sister, child) experienced any of the following events, conditions, or procedures?				
Diabetes	Asthma Attack	Transient Ischemic Attack (TIA)		
Heart Attack	Arthritis Flare-up	Coronary Artery By-pass Surgery (CABG)		
Angina	Pre-Diabetes	Angioplasty or Balloon Angioplasty		
Stroke	Don't Know	Stent Procedure (Heart or Carotid)		

SURVEY RESULTS

Results		
Questions	# who answered “no” (potential barrier)	# circling response (priority)
1. AED accessibility		
2. Public training on signs & symptoms of stroke		
3. Public training on signs & symptoms of heart attack		
4. 911 Access		
5. Affordable & convenient CPR courses		
6. Access to blood pressure machines –		

7. Access to ADA recognized diabetes education program.		
8. One or more Certified Diabetes Educators		
9. One or more Registered Dieticians		
10. Stores where can easily buy diabetes supplies		
11. Affordable, convenient educational opportunities		
12. Affordable, convenient screening, exam, and assessment opportunities		
13. Support groups		
14. Safe to exercise--traffic		
15. Safe to exercise--crime		
16. Pleasant area (no graffiti, enough trees, etc)		
17. Sidewalks in most areas		
17a. Sidewalks well-maintained		
18. Walking or biking trails		
18a. Safe, pleasant, convenient		
19. Parks		
19a. Safe, pleasant, convenient		
20. Walking Clubs		
21. Public outdoor facilities for physical activity		
21a. Safe, pleasant, convenient		
22. Public indoor facilities for physical activity		
22a. Safe, pleasant, convenient		
23. Fruits and vegetables available year-round		
23a. Fruits and vegetables affordable		
24. Restaurants offering/identifying healthy choices		

*AED=Automatic External Defibrillator

1. Review the results of the inventory and determine what the community has indicated as potential policy and environmental barriers.
2. Review the results of the inventory and determine what the community has indicated as the policy and environmental barrier they would most like to see addressed.
3. Now review the Strategies worksheet and think of ways to address these barriers, being mindful of what is reasonable, feasible, and likely to cause the greatest change in the community. As a group, come to consensus on which barrier you will be focusing.



Any question to which community members answered “no” on the inventory is a potential barrier to heart and stroke health and awareness, diabetes, physical activity and/or healthy eating in the community. Review the following strategies to begin thinking about different methods that could be used to change some of these barriers. This is not an all-inclusive list, there are likely a number of additional strategies that you could employ in your community. This is just to get you started.

Strategies

Heart Disease, Stroke, and Diabetes Awareness

1. If the answer to question 1 is “no” the lack of accessible AEDs in your community may be a barrier to rapid emergency care in a cardiac arrest emergency. Consider starting a Public Access Defibrillation (PAD) program in your community. To learn more information you can contact: The American Heart Association at 1-800-AHA-USA-1. The American Red Cross at 1-202-303-4498, The Missouri Heart Disease and Stroke Program at 1-800-316-0935, or your local medical clinic or hospital.
2. If the answer to question 2 is “no”, the lack of information in your community on the signs and symptoms of stroke may create a barrier to rapid, appropriate emergency care required to limit death and disability in the event of a stroke. Consider starting a community awareness campaign on the signs and symptoms of stroke. To learn more you can contact: The American Stroke Association at 1-888-4-STROKE, The National Stroke Association at 1-800-STROKE, The Missouri Heart Disease and Stroke Program at 1-800-316-0935, or your local medical clinic or hospital.
3. If the answer to question 3 is “no”, the lack of information in your community on the signs and symptoms of heart attack may create a barrier to rapid, appropriate emergency care needed to limit death and disability in the event of a heart attack. Consider starting a community awareness campaign on the signs and symptoms of heart attack. To learn more you can contact: The American Heart Association at 1-800-AHA-USA-1, The Missouri Heart Disease and Stroke Program at 1-800-316-0935, or your local medical clinic or hospital.
4. If the answer to question 4 is “no”, the lack of access to 911 may prevent citizens in your community from being able to acquire rapid access to Emergency Personnel in the event of an emergency. Consider partnering with the National Emergency Number Association (MO Chapter) (MONENA) and implementing 911 in your community. The phone number for MONENA is (660) 385-1911. Additionally, consider an awareness campaign in you community to publicize the pertinent emergency numbers in your community such as police, fire and emergency medical service.

- 5.** If the answer to question 5 is “no” the lack of accessible CPR training in your community may be a barrier to rapid emergency care in a cardiac arrest emergency. Consider starting a CPR training campaign in your community. To learn more you can contact: The Missouri Heart Disease and Stroke Program at 1-800-316-0935, The American Heart Association at 1-800-AHA-USA-1, The American Red Cross at 1-202-303-4498, or contact your local medical clinic or hospital.
- 6.** If the answer to question 6 is “no” the lack of accessible blood pressure monitoring in your community may hinder the awareness and control of high blood pressure in your community. Consider collaborating with your local fire department, ambulance district, local public health agency, clinic or hospital to provide free blood pressure checks in your community on a regular basis. Many volunteer services hold weekly training events and may be able to provide such services on those specific days.
- 7.** If the answer to question 7 is “no”, the lack of access to an American Diabetes Association recognized diabetes education program in your community may create a barrier to appropriate education on diabetes in your community. Consider starting a diabetes education program. For more information you can contact the Missouri Diabetes Prevention and Control Program at 1-800-316-0935, the American Diabetes Association at 1-800-DIABETES, or your local medical clinic or hospital.
- 8.** If the answer to question 8 is “no”, lack of access to a certified diabetes educator in your community may create a barrier to individuals with diabetes receiving assistance with self-management of the disease. Consider working with health professionals in your community on becoming certified diabetes educators. For more information you can contact the Missouri Diabetes Prevention and Control Program at 1-800-316-0935 or the American Association of Diabetes Educators at 1-800-338-3633, or your local medical clinic or hospital.
- 9.** If the answer to question 9 is “no”, lack of access to a registered dietitian in your community may create a barrier to individuals receiving adequate nutrition education and information. To locate a registered dietitian in your community or near your community, contact the American Dietetics Association at 1-800-366-1655.
- 10.** If the answer to question 10 is “no”, lack of access to stores in your community to easily buy diabetes supplies may create a barrier to individuals with diabetes being able to properly control and manage the disease. Consider creating a listing of stores that sell diabetes supplies that are near or close to your community. For more information you can contact the Missouri Diabetes Prevention and Control Program at 1-800-316-0935.
- 11.** If the answer to question 11 is “no”, lack of affordable, convenient educational opportunities for heart disease, stroke, diabetes, and wellness may create a barrier to community members preventing, managing, or controlling chronic disease. Consider working with community organizations, professional organizations, and faith based groups to establish some affordable, convenient educational opportunities. For more

information you can contact the Missouri Heart Disease and Stroke Program at 1-800-316-0935, the American Heart Association at 1-800-AHA-USA-1, the Missouri Diabetes Prevention and Control Program at 1-800-316-0935, the American Diabetes Association at 1-800-DIABETES, or your local medical clinic or hospital.

12. If the answer to question 12 is “no” the lack of convenient and affordable screenings, assessments, and health exams in your community may prevent early detection of many chronic illnesses and thus hinder the prevention of serious complications associated with chronic disease. Consider partnering with your local clinic, hospital, emergency medical system or local public health agency to provide health screenings and/or education events in your community. Use already established community events to increase participation and partner with one of the above mentioned community agencies or organizations to provide health screenings and education during the event. For more information you can contact the Missouri Heart Disease and Stroke Program at 1-800-316-0935, the American Heart Association at 1-800-AHA-USA-1, the Missouri Diabetes Prevention and Control Program at 1-800-316-0935, the American Diabetes Association at 1-800-DIABETES, or your local medical clinic or hospital.

13. If the answer to question 13 is “no” the lack of accessible support groups in your community may hamper citizens in your community from the emotional and physical care they need to deal with the sometimes devastating physical and emotional consequences of chronic disease. Consider collaborating with social services, faith-based organizations, clinics, hospitals, home health agencies, and your local health agency to form support groups in your community. Some suggested resources are: The American Heart Association at 1-800-AHA-USA-1, the American Red Cross at 202-303-4498, the American Diabetes Association at 1-800-DIABETES, the Arthritis Foundation at 1-800-283-7800, the American Lung Association 1-800-LUNG-USA, or your local medical clinic or hospital.

Physical Activity and Nutrition

14. If the answer to question 14 is “no,” traffic may be a barrier to physical activity. Consider partnering with local community developers/zoning and/or the Missouri Department of Transportation (MODOT) to consider speed bumps, reduced speed limits and greater enforcement of traffic laws.

15. If the answer to question 15 is “no,” crime or unsafe neighborhoods may be a barrier to physical activity. Consider partnering with local law enforcement to patrol the streets and make their presence more visible. Encourage walking groups so that no one has to be physically active alone. Partner with neighborhood watch groups. Make sure appropriate lighting exists.

16. If the answer to question 16 is “no,” the community environment may be a deterrent to physical activity. Consider a community-wide clean-up day, or a community beautification plan. Partner with schools/students to help beautify the community. The clean-up process itself can also contribute to being physically active.

17/17a. If the answer to question 17 or 17a is “no,” the lack of sidewalks, or poorly maintained sidewalks may be a barrier to physical activity. Find out what the city/community process is for fixing, altering, or adding sidewalks in the community.

18. If the answer to question 18 is “no,” the lack of walking/biking trails may be a barrier to physical activity. Consult with the Parks and Recreation Department to explore possible development of new walking trails. If there is simply no area in your community for a trail, consider marking off certain community routes with mile markers. Or, use resources within the community, such as a church gym or a school to mark off walking routes.

19. If the answer to question 19 is “no,” the lack of parks may be a barrier to physical activity. If unused greenways exist in your community, speak with community developers and Parks and Recreation about the potential for using this space for family recreation.

20. If the answer to question 20 is “no,” the lack of walking clubs may be a barrier to physical activity. Consider organizing faith-based or neighbor walking clubs. For the outdoors enthusiast, consider organizing a hiking club.

21. If the answer to question 21 is “no,” access to public outdoor facilities may be inhibiting physical activity in the community. If tennis courts or tracks are already available at local schools, see about opening them up for public use. Determine what it might take to add basketball courts in certain areas of the community. Talk to local universities, the YMCA and community centers for more ideas.

22. If the answer to question 22 is “no,” access to public indoor facilities might be a barrier to physical activity. Partner with the school board to encourage schools to keep gyms open before and after school hours for public use. Determine if other facilities have extra space that could be used for physical activity classes or exercise such as local churches.

18a/19a/21a/22a. If the answer to question 18a, 19a, 21a, or 22a is “no,” conditions at the trails, parks, or indoor/outdoor facilities may be preventing people from using them. Try and determine what modifications could improve usage, i.e., enhancing safety by adding patrols or lighting; cleaning up facilities to make them more pleasant, arranging for transportation to facilities for elderly/young community members, extending hours, etc.

23. If the answer to question 23 is “no,” availability of fresh fruits and vegetables in the community may be a barrier to healthy eating. Consult with local grocery store management about this issue and find out what they can do to address this problem. Consider partnering with the Department of Agriculture to establish a farmers’ market or a community garden.

23a. If the answer to question 23a is “no,” cost of fresh fruits and vegetables may be a barrier to healthy eating. Encourage local grocery stores to purchase quality products that don’t increase the cost for the consumer. Look into a method for obtaining coupons for fresh fruits and vegetables.

24. If the answer to question 24 is “no,” local restaurants may present a barrier to healthy eating. Encourage local restaurants to have healthy options available to their customers and to identify these options on their menus.

The Plan

Target Community: _____

Policy/Environmental Barrier: _____

Using data from the Inventory Summary and from your discussion of potential strategies, community resources, etc., explain why you chose to focus on this particular barrier.

Describe the strategies you will be using to alter or eliminate the policy or environmental barrier you have chosen to address. Utilize one or more of the following strategies: 1) Providing information and enhancing skills. 2) Modifying barriers and opportunities for health. 3) Providing services/supports that are new and initiated by the coalition/community group. 4) Changing policies and regulations.

It is often necessary to partner with other organizations or individuals in the community in order to make your resources extend further. Think about whom your potential partners will be as you develop your plan. You will need to indicate with whom you intend to partner when you fill out the Objectives/Evaluation worksheet (see Sample).

Objectives/Evaluation

You will need a means of measuring whether or not changing the policy/ environmental barrier had any impact on heart disease, stroke, diabetes, physical inactivity and/or unhealthy eating in your target community. In order to do this, it will be necessary to develop specific, measurable, achievable, reliable, and time-phased (SMART) objectives.

An intermediate outcome objective reflects changes in knowledge, attitudes, or behaviors. This objective should state the change you hope will occur by altering a policy or environmental barrier. For example, by creating a policy allowing blood pressures to be checked at the local fire department, you hope that more people will utilize this service as a result of this environmental/policy change. (See Sample)

The process objectives are considered the means to accomplish the intermediate outcomes. They are the big steps necessary to ensure that the change you are anticipating actually occurs. These objectives should also be specific, measurable, achievable, reliable, and time-phased (SMART).

Always consider potential evaluation measures when you are constructing an objective. If you cannot evaluate it, or if evaluation would be difficult, you should think about ways to restate the objective. For example, if you are working with a restaurant to offer and identify three healthy meal options, one intermediate outcome objective might be: By June 2004, at least 25% of restaurant patrons at Bob's Grill will choose one of the three healthy menu options. This might be difficult to measure, as it would require knowing the number of customers at Bob's Grill, which Bob might not track. A simple change makes this easier to measure: By June 2004, at least 25% of the meals sold at Bob's Grill will be "healthy options." Bob probably keeps track of what meals sell and don't sell, so this would be easier to measure and still reflects a change in eating behaviors.

Phase 2 Objectives and Evaluation: (Form on page 20)

Will be implemented from July 1, 2004 through June 29, 2005

Phase 3 Objectives and Evaluation: (Form on Page 21)

Will be implemented from July 1, 2005 through June 29, 2006

Sample Objectives/Evaluation

Objectives	Partners	Evaluation
Intermediate Outcome Objective: By June 2004, 80% of community X adults (≥ 18 yrs) will have had their blood pressure, cholesterol, and glucose checked by a health professional within the last year.		Conduct a survey of Community X adults by May 31, 2004, to assess number of adults that self-reported having their blood pressure, cholesterol, and glucose checked in the last year.
<i>The following are some examples of process objectives—they are not comprehensive, and there are steps before and afterward that should be considered. This is just to give you an idea of the scope of a process objective.</i>		
Process Objective 1: By September 2003, meet with local community organizations/groups to discuss availability of community blood pressure, cholesterol, and glucose screenings.	Local fire department, hospital, health department, community organization with health professionals it it's membership.	Agenda and minutes from meetings with community organizations/groups discussing current availability of health screening in the community.
Process Objective 2: By February 2004, the coalition will work with a variety of community/organizations to offer health screening to the adults in the community.	Local fire department, hospital, health department, community organization with health professionals it it's membership, and the media.	Promotional information such as flyers, ads from newspaper, church bulletins, and/or community organization newsletters containing information on community health screening offered.
Process Objective 3: By April 2004, meet to draft the community survey to assess number of adults who have had their blood pressure, cholesterol, and glucose checked by a health professional in the last year.	Coalition members, local fire department, hospital, health department, community organization with health professionals it it's membership, the media, CHART, and DHSS.	Copy of the draft survey.
Process Objective 4: By May 31, 2004, conduct the community survey to assess number of adults who have had their blood pressure, cholesterol, and glucose checked by a health professional in the last year.	Coalition members, local fire department, hospital, health department, community organization with health professionals it it's membership, the media, CHART, and DHSS.	Copy of survey results.

Phase 2 Objectives/Evaluation
July 1, 2004 through June 29, 2005

Coalition Name:

Contact Person (Name and Telephone Number):

Target Community:

Objectives	Partners	Evaluation
Intermediate Outcome Objective:		
Process Objective 1:		
Process Objective 2:		
Process Objective 3:		
Process Objective 4:		
Process Objective 5:		

(You may add more process objectives, if necessary)

Phase 3 Objectives/Evaluation
July 1, 2005 through June 29, 2006

Coalition Name:

Contact Person (Name and Telephone Number):

Target Community:

Objectives	Partners	Evaluation
Intermediate Outcome Objective:		
Process Objective 1:		
Process Objective 2:		
Process Objective 3:		
Process Objective 4:		
Process Objective 5:		

(You may add more process objectives, if necessary)

Feedback Form

Please place an "X" in the column most closely corresponding to your opinion. Use the comment spaces below each question and the additional space at the bottom of the page to provide information for us on this policy and environmental package so that we can continue to improve these materials. Thank you!

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.) Background materials on policy/environment, heart disease, stroke, and diabetes were adequate (e.g., easy to read, enough information on each of the subjects). <i>Comments:</i>					
2.) Directions on how to implement the Community Policy and Environmental Change Program ("the process") were clear. <i>Comments:</i>					
3.) The community inventory tool was easy for community members to complete. <i>Comments:</i>					
4.) The inventory summary helped highlight policy/environmental barriers and community priorities. <i>Comments:</i>					
5.) The "strategies" worksheet was helpful in determining activities to address policy and environmental barriers. <i>Comments:</i>					

Please provide any additional comments in the space below:
